

Vaccines Recommended For 11 to 19 Year-Olds

People between 11 and 19 years of age need ongoing protection against a number of potentially serious and contagious diseases, including whooping cough, tetanus, hepatitis A and B, chickenpox, measles, and meningitis. Some of these diseases are actually more severe after childhood, and others can spread to other vulnerable children and adults. Keeping current on immunizations is a lifelong job. Please check the list below to be sure students are up-to-date on vaccinations needed to keep healthy and protect others in school, home and social settings.

Hepatitis B (Hep B)	You need one series of 3 doses of hepatitis B vaccine if you have not already received them.
Measles, Mumps, Rubella (MMR)	Check with your healthcare provider to make sure you've had <u>two doses</u> of MMR.
Tetanus, diphtheria, pertussis (whooping cough) (Tdap, Td)	You need a one-time booster dose of Tdap after your 11th birthday (if it has been at least two years or more since your last dose of Td). After that you will need a Td booster dose every ten years. Tdap for adolescents and adults became available in 2005 so most persons who are older than 11-12 have not received it yet. Adults up to age 65 should also get one Tdap booster.
Polio	If you haven't completed your series of polio vaccine doses and you are not yet 18, you should complete them now.
Varicella ("chickenpox")	If you have not been previously vaccinated and have not had chickenpox, you should get vaccinated with two doses against this disease.
Hepatitis A (Hep A)	This two-dose vaccine series is now routinely given to young children, but some older children and teens may not have received it. Hepatitis A spreads through contaminated food and water and through intimate personal contact. Hep A vaccine is recommended if you travel outside the United States and for anyone who wants to be protected against hepatitis A.
Influenza	Influenza is especially severe in persons with chronic diseases like asthma, diabetes, or heart disease, people over 50 years of age, pregnant women, and young children. These people <i>and their household contacts</i> should get vaccinated yearly. Influenza in young healthy people spreads rapidly, can lead to missed school and work, and is severe at times. Ask about the new nasal spray flu vaccine as an alternative to the flu shot. Anyone who wants to avoid getting influenza should get vaccinated each year.
Pneumococcal disease	People with certain underlying health conditions, like heart and lung disease or diabetes, should receive a single dose of pneumococcal polysaccharide vaccine. A second dose may be recommended in specific situations.
Meningococcal disease (Meningitis)	One dose of this vaccine is recommended for adolescents: at 11-12 years, or upon entering high school, or who are college bound and planning to live in a dormitory. High demand for this vaccine at times has required temporary restrictions on who can receive it. People with certain medical conditions should also receive this vaccine.
Human Papillomavirus (HPV)	This important new vaccine protects young women ages 9 to 26 years against strains of human papillomavirus that cause 70% of cancer of the cervix and 90% of genital warts. Availability may be limited in 2006.

For additional information in King County, call 206-296-4774 and see www.metrokc.gov/health.

Vaccines required to attend school in Washington State

Students in grades 6 through 12 in fall 2006 must have received:

- At least 3 doses of vaccine containing diphtheria and tetanus (these could have been given as DTP, DTaP, pediatric DT, Td or Tdap); the last dose should have been given on or after the fourth birthday. A booster dose of Td or Tdap is recommended at age 11-12 years. Tdap is new in 2005. Students who had a Td booster can get the Tdap booster after 2 or more years if they have not already had Tdap).
- At least three doses of polio vaccine, provided the last dose was given on or after the fourth birthday.
- Two doses of MMR, both given on or after the 1st birthday and at least 28 days apart. An acceptable alternative is 2 doses of measles, 1 dose of mumps and 1 dose of rubella vaccine.
- 3 doses of hepatitis B vaccine for grades 6 through 9. Hepatitis B vaccine is recommended, but not required, for students in grades 10 through 12.

In addition to the above, students in 6th grade in fall 2006 must have documentation of:

- 1 dose of varicella (chickenpox) vaccine given on or after the 1st birthday, or parent reported history of chickenpox disease, or a lab test showing you are immune to chickenpox.



Vaccines Required For School Attendance^{1,2} – July 1, 2006 – July 1, 2007 State of Washington WAC 246-100-166

GRADE	Varicella ⁴	DTaP/DTP/DT ⁵	POLIO ⁶	MMR ⁷	HEP B ⁸
Kindergarten (ages 4-6)	1 dose given on or after the 1 st birthday ¹ OR Parent reported history of disease	5 doses Pertussis-containing vaccine recommended. ¹ The last dose must be received on or after the 4 th birthday. 4 doses acceptable ³ provided the last dose is given on or after the 4th birthday	4 doses recommended ^{1,6} 3 doses acceptable ^{3,5} provided the last dose is given on or after the 4th birthday	2 doses MMR recommended ^{1,7} both given on or after the 1st birthday and at least 28 days apart 2 doses Measles; 1 dose Mumps & 1 dose Rubella acceptable ^{3,7} both given on or after the 1st birthday and at least 28 days apart	3 doses ^{1,8}
Grade 1-5 (ages 7-13)	Recommended ¹ not required	Td/Tdap ⁵			
Grade 6	1 dose given on or after the 1 st birthday ¹ OR Parent reported history of disease	Pertussis is not required above Kindergarten (age 7) 5 doses recommended ¹ The last dose must be received on or after the 4 th birthday. Booster dose of Td/Tdap recommended at age 11-12 ¹			
Grade 7-9	Recommended ¹ not required	3 doses acceptable ³ provided the last dose is given on or after the 4th birthday ⁴			
Grade 10-12 (ages 14-18)					3 doses recommended, ¹ not required

Exemptions:

Parents or legal guardians have the right to choose not to immunize their child, based upon medical, religious or philosophical reasons. Parents or legal guardians must sign the appropriate box on the Certificate of Immunization Status form to exempt their child from receiving vaccines required for school entry.

There is a risk when choosing against vaccination. In addition to the potential risk of becoming infected with a vaccine-preventable disease if he or she is exposed to the illness, a child who is not fully immunized also may be excluded from attending school or childcare during an outbreak of a vaccine-preventable disease.



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Adapted from the Immunization Action Coalition, www.immunize.org